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Technology Center 2600

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PATENT
Atty. Docket No. INK-067


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICANTS Wilcox *et al.* CONFIRMATION NO.: 7307 JUL 26 2004
SERIAL NUMBER: 09/464,264 ART UNIT: 2623 Technology Center 2600
FILING DATE: December 17, 1999 EXAMINER: Dastouri, M.
TITLE: Electronic Ink Display Media for Security and Authentication

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 on this 19th day of July, 2004.


Diane Racicot

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal Form (1 pg.);
3. A check in the amount of \$55.00;
4. Petition of Extension of Time (1 pg);
5. Amendment and Response (12 pgs.);
6. Copy of Limited Recognition (1 pg); and a
7. Return Receipt Postcard.

3095483



Reexam Control Number	09/464,264
Reexam Filing Date	December 17, 1999
First Named Inventor	Wilcox
Group Art Unit	2623
Examiner Name	Dastouri, M.
Attorney Docket No.	INK-067
Confirmation No.	7307
Issue Date	Not applicable

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment & Response (12 pgs) <input type="checkbox"/> Preliminary <input type="checkbox"/> After Decision on Appeal <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Copy of Limited Recognition (1 pg)
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Respectfully submitted,

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**OFFICE TRANSMITTAL**

JUL 21 2004

Complete if Known

Application Serial Number	09/464,264
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METHOD OF PAYMENT				FEE CALCULATION (continued)																																						
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				3. ADDITIONAL FEES																																						
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.																																										
3. <input checked="" type="checkbox"/> Applicant claims small entity status.																																										
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Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				Respectfully submitted, Date: July 19, 2004 Reg. No.: Limited Recognition Tel. No.: (617) 248-7808 Fax No.: (617) 248-7100 Duan Wu Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 PTO Customer No. 021323																																						